

“EXHIBIT 18”

Please use the Bates Numbers on the bottom of the page (e.g., CITY 000309)

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

12

AUTOPSY REPORT

No.

2022-01389

MURILLO-NIX, JONATHAN

at the DEPARTMENT OF MEDICAL EXAMINER-CORONER

Los Angeles, California on FEBRUARY 5, 2022 0800 HOURS

(Date)

(Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) MULTIPLE GUNSHOT WOUNDS

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

DUE TO OR AS A CONSEQUENCE OF

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

MANNER OF DEATH

HOMICIDE

HOW INJURY OCCURRED

SHOT BY OTHER(S), LAW ENFORCEMENT RELATED

Anatomic Summary:

I. Multiple gunshot wounds.

A. Total of six separate wounds.

1. Gunshot wound to left upper chest, penetrating, nonfatal.
2. Gunshot wound to right arm and abdomen, penetrating, potentially fatal.
3. Gunshot wound to right hand, perforating, nonfatal.
4. Gunshot wound to left elbow, nonfatal.
5. Gunshot wound to right posterior shoulder, perforating, fatal.
6. Gunshot wound to right posterior hip, penetrating, nonfatal.
7. Three projectiles recovered.

II. Multiple abrasions.

- A. Dark abrasions of face, left chest, and right hip.
- B. Red abrasions of right forehead, left elbow, left lower back, and right wrist.

III. See Toxicology Report.

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SUMMARY OF EVENTS:

The decedent is a 23-year-old Hispanic male who was involved in an altercation with his family while brandishing two knives. 911 was called and police responded. Less than lethal weapons were deployed initially, then the police fired multiple shots. He was transported to Providence Holy Cross Medical Center where he was pronounced dead on 02/01/2022 at 0357 hours.

EVIDENCE OF INJURY:

MULTIPLE GUNSHOT WOUNDS:

The gunshot wounds are arbitrary numbered for the convenience of the Examiner and do not indicate a sequence of injury.

Gunshot wound #1 to left upper chest:

The entry wound is located to the left upper chest, 11 inches from the top of the head, 2-1/2 inches left of the midline. The oval wound measures 5/16 x 1-1/4 inches with a 1/8-inch red abrasion at the 5 o'clock position. There is no soot or stippling.

The direction is front-to-back, left-to-right, and horizontal to slightly downward. After perforating the skin, the projectile impacts the superior aspect of the clavicle. It then perforates the left sternocleidomastoid muscle and hits the second thoracic vertebra on the left lateral aspect. The projectile travels into the spinal canal lacerating the spinal cord at the second thoracic vertebra. The projectile recovered at 0835 hours consists of a deformed bullet with copper jacket, and a separate fragment recovered in the posterior aspect of the second thoracic vertebra. The bullet and fragment are placed into an evidence envelope and submitted to the Evidence Department. The result of this gunshot wound would be paralysis but is not in and of itself considered fatal.

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Page 3**Gunshot wound #2 to right forearm and abdomen:**

The entry wound is located to the posterior right forearm, 15 inches from the right shoulder, 7 inches proximal to the wrist. The oval wound measures 5/16 x 1/4 inches with a 1/16-inch dark circumferential rim abrasion. There is no soot or stippling.

The direction is back-to-front, right-to-left, and slightly downward. After perforating the skin, the projectile travels through the right forearm musculature, and then between the radius and ulna causing focal fracture of both bones before exiting on the ventral aspect of the left forearm.

The exit wound is located 16 inches from the right shoulder, 6 inches proximal to the wrist. The irregular wound measures 3/4 x 1/2 inches with a U-shaped abrasion measuring 2 x 3/16 inches, located from the 3 to 9 o'clock position. The projectile then reenters the body on the right upper quadrant of the abdomen, 23 inches from the top of the head, and 3 inches right of the midline. The rectangular to slightly irregular wound measures 1/2 x 1/4 inches with an irregular surrounding red abrasion that measures 3/4-inch inferior, 1/4 inch medial, 3/4-inch superior, and 3/16-inch lateral to the main wound. After perforating the skin, the projectile enters the abdominal cavity perforating two separate loops of small bowel and one segment of the transverse colon. The projectile then perforates the diaphragm and briefly enters the left chest cavity before exiting on the lateral aspect of the left chest cavity through the 11 intercostal space.

The projectile recovered at 0810 hours consists of a bullet with copper jacket and open pedals, and one detached copper jacket fragment recovered within the left chest musculature. The projectile and its fragment are placed into an evidence envelope and submitted to the Evidence Department. Due to the perforated small bowel and colon, this is a potentially fatal wound; however, it is not immediately fatal or incapacitating.

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Page 4**Gunshot wound #3 to right hand:**

The entry wound is located to the dorsum of the right hand, 23 inches from the right shoulder, 5-1/4 inches proximal to the tip of the second finger. The oval wound measures 5/16th x 1/4 inches with a 1/16-inch dark abrasion at the 7 o'clock position. There is no soot or stippling.

The direction is back-to-front, right-to-left, and slightly downward. After perforating the skin, the projectile travels through the right-hand musculature, and fractures the second metacarpal bone of the second finger before exiting on the palmar aspect of the right hand.

The exit wound is located 23-1/2 inches from the right shoulder, and 5 inches proximal to the tip of the second finger. The stellate wound measures 1 x 1 inch. No projectile recovered. This is a nonfatal wound.

Gunshot wound #5 to right upper back:

The entry wound is located to the right upper back, 9 inches from the top of the head, 4 inches right of the posterior midline. The oval wound measures 5/16 x 1/4 inches with minimal rim abrasion. There is no soot or stippling.

The direction is back-to-front, right-to-left, and downward. After perforating the skin, the projectile travels through the right shoulder musculature, and then enters the right chest cavity by fracturing the inferior aspect of the second rib. The projectile then perforates the upper lobe of the right lung and crosses the midline by perforating the trachea at the level of the carina. The projectile then lacerates the posterior aspect of the ascending aorta, lacerating the aortic vessels, lacerates the pulmonary artery, perforates the interventricular septum of the heart, enters the left lumen, and exits on the anterior aspect of the left ventricle of the heart. The projectile then perforates the pericardial sac and exits the left chest cavity through the left fourth intercostal space.

The exit wound located on the left lower chest is located 19 inches from the top of the head, 3 inches left of the midline. The irregular wound measures 5/8 x 1/2 inches. No projectile is

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recovered. Associated with this gunshot wound is hemothorax consisting of 200 cc of liquid and clotted blood present in the left chest cavity, 400 cc of liquid and clotted blood present in the right chest cavity, and 20 cc of liquid blood present in the pericardial sac. This is a rapidly fatal wound.

Gunshot wound #6 to right hip:

The entry wound is located to the right posterior hip, 27 inches from the top of the head, 6-1/2 inches right of the posterior midline. The round wound measures 5/16 inches with a 1/16-inch dark circumferential abrasion. There is no soot or stippling.

The direction is back-to-front, right-to-left, and slightly downward. After perforating the skin, the projectile travels to the right hip musculature and impacts the right ilium, and then buries itself within the bone of the ilium. The projectile recovered at 0853 hours consists of a deformed bullet recovered in the medial aspect of the right ilium. The bullet is placed into an evidence envelope and submitted to the Evidence Department. This is a nonfatal wound.

OTHER INJURIES:

Examination of the right forehead reveals a 1-1/2-inch area of multiple linear red abrasions. Examination of the right upper cheek reveals a 1-1/8 x 7/8-inch D-shaped red abrasion. Examination of the left chest is a 2-1/2 x 2-inch oval to tear drop shaped red abrasion. Immediately below is an area of 2-1/4 x 1/2 inch superficial red abrasions. Examination of the posterior left shoulder reveals a 1-1/2 x 1-1/2-inch area of multiple red abrasions. Examination of the right hip reveals a 1-1/2 x 1 inch oval to irregular red abrasion. There is a superficial abrasion noted to the left knee. Examination of the right medial wrist reveals a 1/8 x 1/16-inch curvilinear red abrasion. Examination of the left lower back reveals a 2 x 1-1/2-inch area of red abrasion.

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OPINION:

The cause of death of this 23-year-old male is due to multiple gunshot wounds. Gunshot wound #5 to the right back, injuring the lung and heart, is considered rapidly fatal. Gunshot wound #2 to the abdomen is considered potentially fatal. Gunshot wound #1 to the spine is considered incapacitating, but not fatal, with the remainder of the wounds considered nonfatal. There is no soot or stippling on any wound, making the range indeterminate. This is a law enforcement related shooting.

The manner of death is deemed homicide.

JUAN M. CARRILLO, M.D.
DEPUTY MEDICAL EXAMINER

DATE

FEB 25 2022

JMC:bbtt/sf
D:02/05/22
T:02/11/22

FOR LAW ENFORCEMENT

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AUTOPSY REPORT ADDENDUM

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Changes to Autopsy Report

Page/line:

Form #12, page 4, line 19

Changes to report as listed below:

Gunshot wound #4 was missing from original report.

Gunshot wound #4 to left elbow:

The entry wound is located to the left elbow, 13 inches from the left shoulder, 9 inches proximal from the wrist. The oval to irregular wound measures 1/2 x 1/4 inches with a surrounding red abrasion that measures 1/4 inch lateral, 3/4 inch superior, and 1/2 inch inferior to the main wound. There is no soot or stippling. The direction is back-to-front, right-to-left, and upward. After perforating the skin, there is hemorrhage of the subcutaneous tissue to a depth of 3/4 inches. There is no further tissue damage. No projectile is recovered from this wound. This is a nonfatal wound.

JUAN P. CARRILLO, M.D.
DEPUTY MEDICAL EXAMINER

JMC:qeb
D: 09/2/2022
T: 09/2/2022

DATE

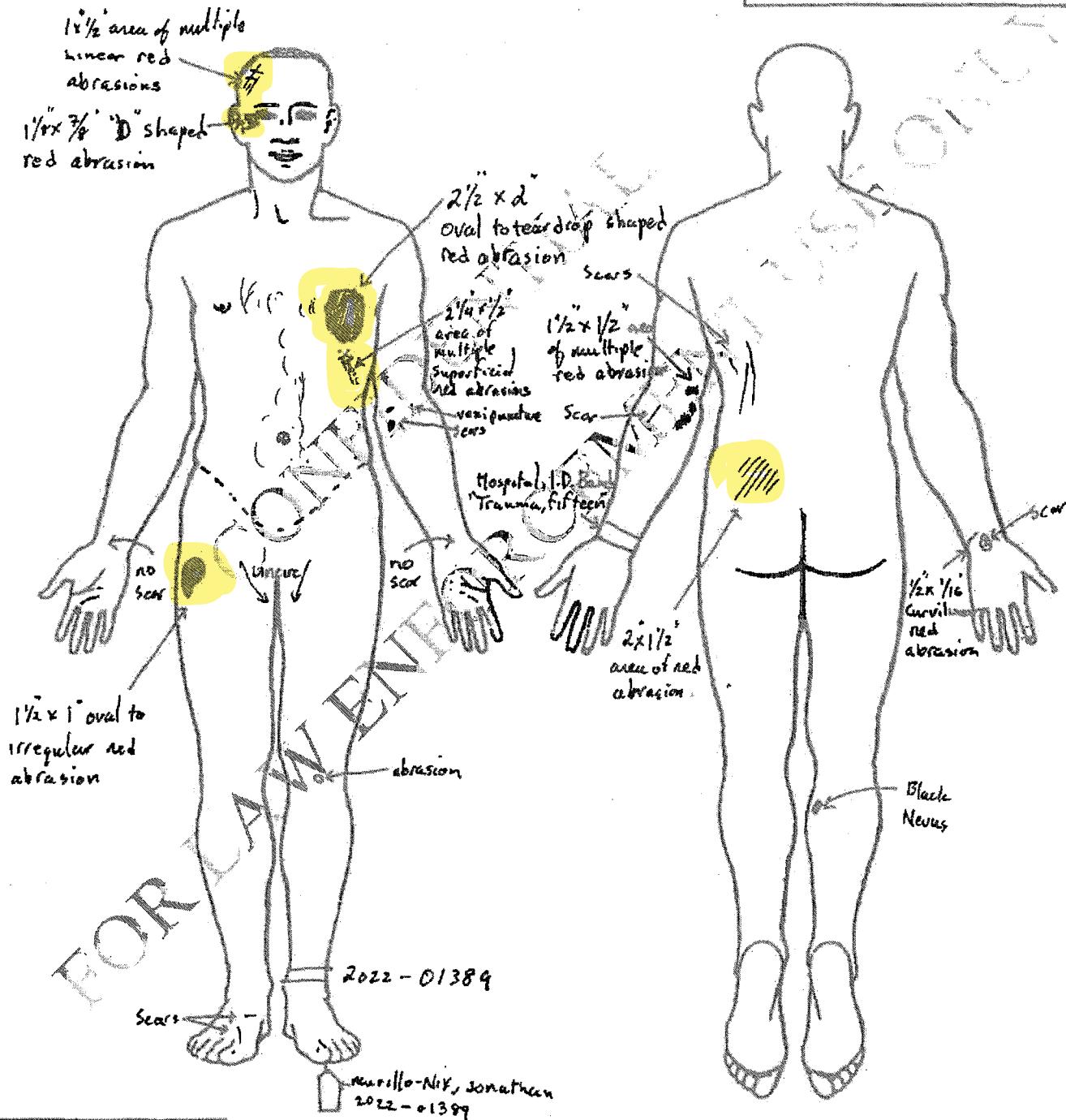
09/02/2022

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Right Thumbprint

Date 2-4-2022


Deputy Medical Examiner

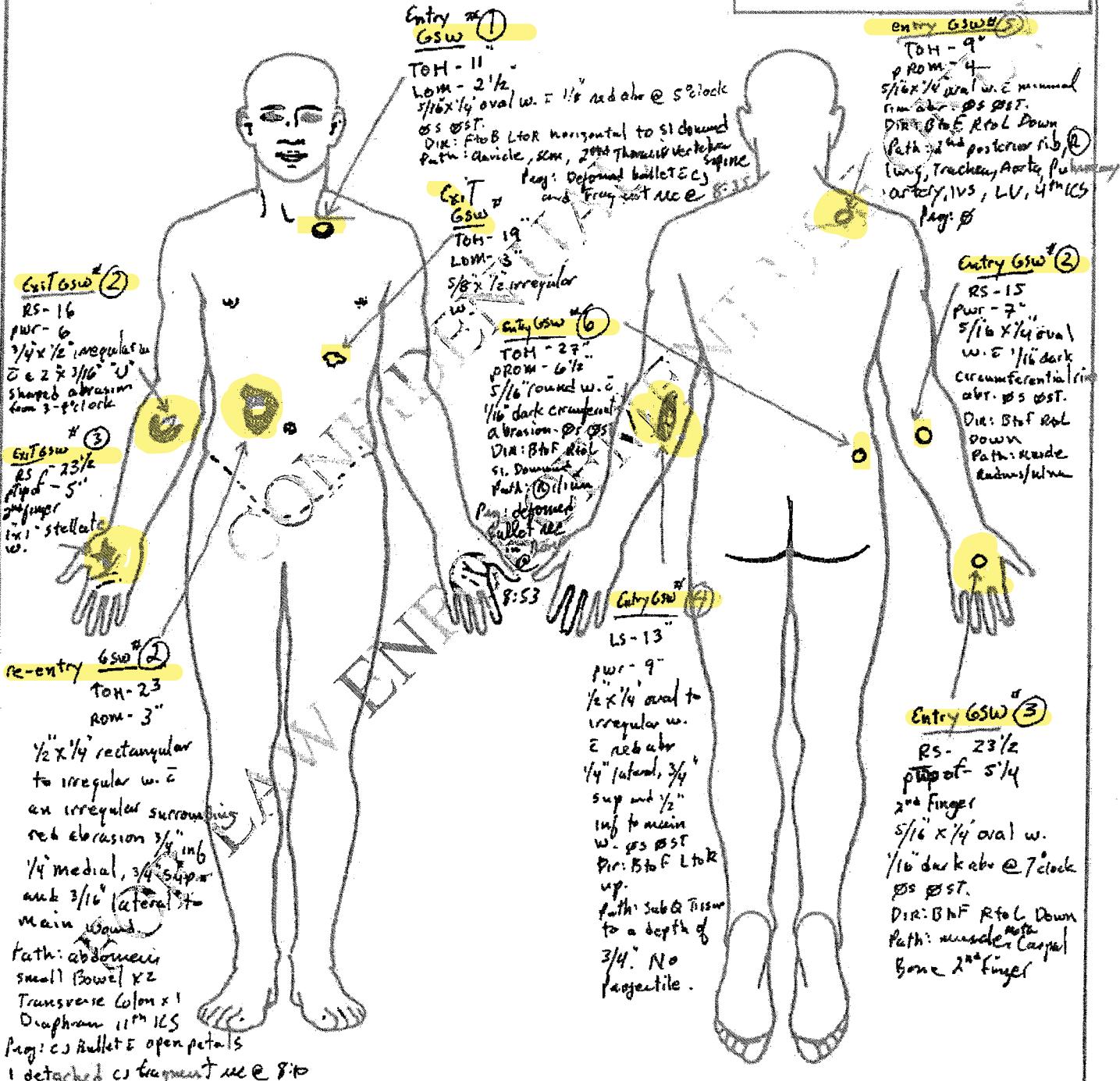
M.D.

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Date 2-4-2022

Jean M. Ellis
Deputy Medical Examiner

M.D.